

MULTI-USE LETTER TO PARENTS SCHOOL MEAL PROGRAMS

Dear Parent/Guardian:

The _____ School/District takes part in the National School Lunch/School Breakfast Program. Meals are served every school day. Children may buy lunch for _____ and breakfast for _____. Meals are also available free or at a reduced price.

- If you now receive Food Stamps, Cash Assistance (CA) or Food Distribution Program on Indian Reservations (FDPIR) benefits for your child, that child may be eligible to receive free meals.
- If your total household income is at or below the amounts on the income chart, your child may be eligible to receive free meals or reduced-price meals for _____ for lunch and _____ for breakfast.
- If you have a foster child, that child may be eligible for benefits regardless of your income.

INCOME CHART

Effective from July 1, 2002 to June 30, 2003

Household Size	Annual	Month	Week
1.....	\$16,391	\$1,366	\$316
2.....	22,089	1,841	425
3.....	27,787	2,316	535
4.....	33,485	2,791	644
5.....	39,183	3,266	754
6.....	44,881	3,741	864
7.....	50,579	4,215	973
8.....	56,277	4,690	1,083
additional member add	+5,698	+475	+110

HOW TO APPLY:

If you now receive food stamps or CA benefits, a *Free Meals Program Letter* is sent to you that confirms your child's automatic eligibility for free school meals. Send the *Letter* to the school; an application is not necessary. If you do not receive a letter, fill in the application with the child's name, food stamp, CA or FDPIR case number and the signature of one adult household member.

If you do not receive food stamps, CA or FDPIR benefits, fill in the application with the names of everyone in the household, the amount of income each household member receives, how often the income is received, where income comes from, the signature of an adult household member and their social security number. Write *None* if the person has no social security number.

OTHER INFORMATION:

- **VERIFICATION:** Your eligibility may be checked by school officials at any time during the school year. You may be asked to send information to prove that your child should receive free or reduced-price meals.
- **FAIR HEARING:** If you do not agree with the school's decision on your application or the results of verification, you may wish to discuss it with the school. You also have the right to a fair hearing by calling or writing the following official:

Name _____ Phone: _____
Address _____
- **REPORTING CHANGES:** If your child gets meals based on income information, you must tell the school if your household size decreases or your income increases by more than \$50 per month or \$600 per year. If your child receives meals based on FDPIR, CA or food stamp information, you must advise the school if you no longer receive these benefits for your child.
- **CONFIDENTIALITY:** The information that you give will be used to determine your child(ren)'s eligibility for free or reduced-price meals. This information may also be used for: _____. If you want to be eligible for _____ check the box on Part 7 of the application and certify with your signature.
- **REAPPLICATION:** You may apply for free and reduced-price meals at any time during the school year. If you have a decrease in household income, an increase in household size, become unemployed or receive food stamps, CA or FDPIR for your child, complete another application.
- **CHILDREN WITH DISABILITIES:** If a child has been determined by a doctor to be handicapped and the handicap would prevent the child from eating the regular school meal, this school will make any substitutions prescribed by the doctor. If a substitution is needed, there will be no extra charge for the meal. If you believe your child needs substitutions because of a handicap, please call us for further information.

In the operation of the child feeding programs, no child will be discriminated against because of race, sex, color, national origin, age or handicap. If you believe you have been discriminated against, write to the Secretary of Agriculture, Washington, D.C. 20250.

Applications will be determined by _____
(Name/Title of Determining Official)

You will be notified when the application is approved or denied.